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CONFIRMATION NO. 5526

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| SERIAL NUMBER 10/628,783 | FILING DATE 07/25/2003 RULE | CLASS 424 | GROUP ART UNIT 1636 | ATTORNEY DOCKET NO. TSRI-900.1 |
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/467,051 05/02/2003
 and claims benefit of 60/398,522 07/25/2002 OK

QN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/14/2003

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|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: QN | STATE OR COUNTRY CA | SHEETS DRAWING 17 | TOTAL CLAIMS 65 | INDEPENDENT CLAIMS 7 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS
 OLSON & HIERL, LTD.
 36th Floor
 20 North Wacker Drive
 Chicago, IL
 60606

TITLE
 Hematopoietic stem cells and methods of treatment of neovascular eye diseases therewith

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| FILING FEE RECEIVED 2026 | FEES: Authority has been given in Paper: No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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